

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/821,832-Conf. #6240
		Filing Date	March 30, 2001
		First Named Inventor	David P. Bartel
		Examiner Name	L. V. Wollenberger
		Art Unit	1635
TOTAL AMOUNT OF PAYMENT		(\$)	555.00
		Attorney Docket No.	W0571.70010US02

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 23/2825		Deposit Account Name: Wolf, Greenfield & Sacks, P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
 _____ - or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) = Fee Paid (\$)
 _____ - or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C., Counsel for Whitehead Institute for Biomedical Research; Holder of Power of Attorney for University of Massachusetts and Massachusetts Institute of Technology		
Signature	/Helen C. Lockhart/		
Printed name	Helen C. Lockhart		
Date	September 9, 2009	Reg. No.	39,248
Firm Name	Rothwell, Figg, Ernst & Manbeck, P.C. Counsel for Max-Planck-Gesellschaft Zur Forderung Der Wissenschaften E.V.		
Signature			
Printed name	Robert B. Murray		
Date	September 9, 2009	Reg. No.	22,980

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: September 9, 2009

Signature: _____/Eileen M. MacKenzie/_____